

PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of Information unites it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

W d doinedd				
09/839,643				
April 20, 2001				
Gad KEREN				
3743				
WIEKER, A. F.				
372/04622				
	April 20, 2001 Gad KERÉN 3743 WIEKER, A. F.			

hereby revoke all previous powers of attorney given in the above-identified application:				
A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: 44909				
Please change the correspondence address for the above-identified application to:				
The address associated with 44909 Customer Number:				
OR				
Firm or Individual Name				
Address				
City State ZIP				
Country				
Telephone Email				
am the: Applicant/Inventor. Assigned of the entire interest. See 37 CER 3.71				
Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature				
Name Ascher SHMULEWITZ, Co-Founder, ATRIA MEDICAL, INC.				
Date 8. 11. 05 Telephone +972-3-648. 5550				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below."				
☑ *Total of3forms are submitted.				

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the indundual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandría, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADURESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandría, VA 22313-1450.



PYO/SB/95 (09-04)

Doc Code:

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Gad KEREN et al.	
Application No./Patent No.: 09/839,643	Filed/Issue Date: April 20, 2001
Entitled: METHODS AND APPARATUS FOR PRESSURE	R REDUCING LOCALIZED CIRCULATORY SYSTEM
Atria Medical Inc.	, a Corporation
(Name of Assignee)	(Type of Assignee, e.g., corporation, pertnership, university, government agency, etc.)
states that it is:	
the assignee of the entire right, title, and in	terest; or
an assignee of less than the entire right, title The extent (by percentage) of its ownership	
n the patent application/patent identified above by v	rirtue of either:
A. [] An assignment from the inventor(s) of the patent app States Patent and Trademark Office at Reel	plication/patent identified above. The assignment was recorded in the United, Frame, or for which a copy thereof is attached.
nR .	
3. $m{U}_{1}^{\prime}$ A chain of title from the inventor(s), of the patent app	plication/patent identified above, to the current assignee as shown below:
The document was recorded in the United States P	rators) To: Libra Medical. Inc. Patent and Trademark Office at, or for which a copy thereof is attached.
From: Libra Medical Systems, Inc. The document was recorded in the United States P Reel 016344 . Frame 0227	
3. From:	То:
The document was recorded in the United States P	
Reel, Frame	_ , or for which a copy thereof is attached.
[] Additional documents in the chain of title are liste	d on a supplemental sheet.
] Copies of assignments or other documents in the chain [NOTE: A separate copy (i.e., a true copy of the origina accordance with 37 CFR Part 3, if the assign the undersigned (whose title is supplied below) is authorize	al assignment document (s)) must be submitted to Assignment Division in iment is to be recorded in the records of the USPTO. <u>See MPEP</u> 302.08)
	8.11.05
Signature	Date
Ascher SHMVLEWITZ	+572- 3.6495550
Printed or Typed Name	Telephone number
Со-Гоиндег	
Title	

This collection of information is required by 37 CFR 3,73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOY SEND FEES OR COMPLETE D FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTC/SB/82 (04-05)
Approved for use through 11/30/2005. OMB 0651-0035
Patent and Trademark Office; U.S. DEFARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

	1
Application Number	69/839,643
Filing Date	April 20, 2001
First Named Inventor	Gad KEREN
Art Unit	3743
Examiner Name	WIEKER, A. F.
Attorney Docket Number	372/04622

· · · · · · · · · · · · · · · · · · ·					
I hereby revoke all previous powers of a	attorney given in th	e above	identified ap	plicatio	n:
A Power of Attorney is submitted her	ewith.				
I hereby appoint the practitioners ass	ociated with the Cus	tomer Nu	mber:	44	909
Please change the correspondence ac	ddress for the above	-identified	application t	o:	
The address associated with Customer Number:	44909)			
OR		_			
Firm or Individual Name					
Address					<u> </u>
City		State		ZIP	
Country					
Telephone		Email			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
	of Applicant or Assi				
Signature XVV (O)	•				
Name CibEN-AMOTZ, CEO, AT	RIA MEDICAL, INC	<u>.</u>			
Date 11/3/105		Teleph			781
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				quired. Submit	
✓ *Total of 3 forms are submitted.					

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/S8/96 (09-04)

Approved for use through 07/31/2008. OMB 0651-0051

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner; Gad KEREN et al.
Application No./Patent No.: 09/839,643 Filed/Issue Date: April 20, 2001
Entitled: METHODS AND APPARATUS FOR REDUCING LOCALIZED CIRCULATORY SYSTEM PRESSURE
Atria Medical Inc. , a Corporation
(Name of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is:
1. the assignee of the entire right, title, and interest, or
2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is %
in the patent application/patent identified above by virtue of either.
A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
OR
B. [/] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:
From: <u>Grid KEREN and Randy KESTEN (Inventors)</u> To: <u>Libra Medical, Inc.</u> The document was recorded in the United States Patent and Trademark Office at
Reel012238 , Frame0671 , or for which a copy thereof is attached.
2. From: Libra Medical Systems, Inc. To: Atria Medical Inc.
The document was recorded in the United States Patent and Trademark Office at
Reel 016344 , Frame 0227 , or for which a copy thereof is attached.
3. From: To:
The document was recorded in the United States Patent and Trademark Office at Real Frame or for which a copy thereof is attached
Reel, Frame, or for which a copy thereof is attached.
[] Additional documents in the chain of title are listed on a supplemental sheet.
1 Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., a true copy of the original assignment document (s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.
11-7-2005
Signature Date
Signature Off BEN-AMOTZ Printed or Typed Name Telephone number
Printed or Typed Name Telephone number
CEO

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiating is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETE D FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Title



STATEMENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Gad KEREN et al.
Application No./Patent No.: 09/839,643 Filed/Issue Date: April 20, 2001
Entitled: METHODS AND APPARATUS FOR REDUCING LOCALIZED CIRCULATORY SYSTEM PRESSURE
Atria Medical Inc. , a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, ctc.)
states that it is:
1. the assignee of the entire right, title, and interest; or
2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is %
in the patent application/patent identified above by virtue of either:
A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
OR
A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below: Cad KEREN and Randy KESTEN (inventors) To: The document was recorded in the United States Patent and Trademark Office at Reel 012238 , Frame 0671 , or for which a copy thereof is attached.
2. From: Libra Medical Systems, Inc. To: Atria Medical, Inc.
The document was recorded in the United States Patent and Trademark Office at Reel016344, Frame0227, or for which a copy thereof is attached.
3. From: To:
The document was recorded in the United States Patent and Trademark Office at Reel Frame or for which a copy thereof is attached.
[] Additional documents in the chain of title are listed on a supplemental sheet.
[NOTE: A separate copy (i.e., a true copy of the Original assignment document (s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08] The undersigned (whose title is supplied below) its authorized to act on behalf of the assignee. Signature Date
Nissim DARVISH Talanhaan number
Printed or Typed Name Telephone number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is calimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time your require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department, Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETE D FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.

Chairman of the Board Title



PTO/SB/92 (04-05)
Approved for use through 11/30/2005. OMB 0661-0035
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

Application Number 09/839,643

Filing Date April 20, 2001

First Named Inventor Gad KEREN

Art Unit 3743

Examiner Name WIEKER, A. F.

Altorney Docket Number 372/04622

CHANGE OF CORRESPONDENCE ADDRESS I hereby revoke all previous powers of attorney given in the above-identified application: A Power of Attorney is submitted herewith. OR 44909 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above identified application to: The address associated with 44909 Customer Number: OR Firm *or* Individual Name Address City ZIP State Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See BY CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Porm PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Nissim DARVISH, Chairman of the Board, ATRIA MEDICAL, INC. Name (407 64736<u>)</u> 2005 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a bonefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 57 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Three will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or auggestions for reducing this burriers should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.